MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890056
APPLICANT(S)

FILING DATE

CLAIMS

	AS	AS FILED		TER NDMENT	AFTER 2nd AMENDMENT		Ī
	IND.	DEP.	IND.	DEP.	IND.		1
1			1		1	7	1
2		1	1		· ·		1
3				1	1	1	1
4		11				1	1
5		14		T		†	1
6		(1)			1		٦
7							1
8				II]
9		$\left(D\right)$					
10		(T)					
11	<u> </u>			1			
12		(L)	<u> </u>				
13	<u> </u>	10				<u> </u>	╛
14	ļ	1		1			╛
15	1						╝
16	<u> </u>				1		_1
17	 						╝
18	ļ		_			_	
19	_		_				_
20	-						_
21							
22	 		_	_			
23	┼—	-				<u> </u>	
24		-					
25							
26							
27				-			
29	1	+	+		+		
30	- -						
31							_
32		-				-	_
33							
34				_		 	
35			+	-			
36	-	-	+				
37	_	+	+	+		-	-
38	+		_	 -			
39	+	_					
40	 			+			
41		-			- -	-	
42			<u> </u>		-		-
43			1		1	_	_
44				_		_	
45			 				
46		-			1 -	_	-
47			+		-	_	
48	\longrightarrow	_					
49	\rightarrow					+	-
50		_					
TOTA	AL					$\neg \vdash$	
TOT	AL	ـ لــ	12	┯┙┷	▶		ļ
DE			1 1 4	+ -	1		

	*		*		ļ *		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51			1		1		
52							
53							
54				1	1		
55				Ì	1		
56							
57					1		
58		ĺ					
59							
60			1				
61				1	1		
62			1	1			
63		1			1		
64	1	1	1		1	ļ	
65	1					T	
66	1		1		·		
67	1				1		
68	†			1			
69	——	<u> </u>	1	1			
70	Ť		1				
71	1			—			
72							
73	—			_	1		
74							
75		1				1	
76							
77				1			
78	+						
79	1						
80					1		
81		1	_				
82							
83							
84							
85	<u> </u>		\dashv				
86					- 1	<u> </u>	
87							
88		_	+		+	+	
89			_	+			
90		_	 	_			
91		_	 	_		_	
92			+				
93		 	_		 		
94		-					
95	_	+	-	+			
96			-	\rightarrow	+		
97				+			
98						+	
99					+		
10						_	
TOT				-			
INC	AL I						
).		<u>ا</u> ا	نے لـــ	ļ	─ ↓	
TOT DE TOT CLA	AL P.						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631